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JUN 12 2007

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03/08/2007

William F Lawrence
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 745 Fifth Avenue
 New York, NY 10151

06/13/2007 WABDEL3 00000048 10565579

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP

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William F. Lawrence, Reg. N (Depositor's name)
 William F. Lawrence by Mark M. By (Signature)
 June 7, 2007 28,029 (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/565,579 | 01/23/2006 | Wolfgang Schaefer | 512100-2052 | 2107 |

TITLE OF INVENTION: WAFER FIXING AND MARKING

06/14/2007 HGBREH2 00000062 500320 10565579

01 FC:8001 9.00 DA

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$0 | \$1700 | 06/08/2007 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| GERRITY, STEPHEN FRANCIS | 3721 | 053-450000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Frommer Lawrence

2 & Haug LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LTS Lohmann Therapie-Systeme AG

Andernach, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature William F. Lawrence by Mark M. By
 Typed or printed name William F. Lawrence 31,223

Date June 7, 2007Registration No. 28,029

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